

# City of Columbus 2006 Application for Funding General Fund Summer Youth Employment Program

## INSTRUCTION PAGE

Please use the following instructions when completing the enclosed request for proposal.

**All completed applications should include:**

- Application Cover Page
- Application Narrative
- Expense Budget for – June 1, 2006 - August 31, 2006
- All items on Applicant Checklist

**All applicants are required to:**

- ◆ Review the priority statement addressing summer youth employment
- ◆ Submit financial audits for past two years
- ◆ Indicate Program Income on Page 9 of the Expense Budget
- ◆ Include resumes of staff included on the Program Budget

**Timeline:**

February 24, 2006 – Public notice of funds available, application release date

March 1, 2006 @ 8:30 a.m. – 11:00 a.m. – Bidders conference for all interested applicants to be held at the Columbus Health Department 240 Parsons Avenue

March 1 – 14, 2006 – Technical assistance provided by e-mail only. Send questions to [CFCYWtechnicalassistance@columbus.gov](mailto:CFCYWtechnicalassistance@columbus.gov)

March 15, 2006 – 12:00 Noon, Deadline for Proposals

March 22, 2006 - Preliminary Recommendation of Awards

March 24, 2006 – Announcement of Awards

June 1, 2006 – August 30, 2006 – Contract period

**All applicants must submit one (1) original and three (3) copies of the proposal. Proposals must be received by 12 p.m. on March 15, 2006 at the following address:**

Office of Education  
90 West Broad Street, Room 108  
Columbus, Ohio 43215  
Attn: Nikki Jenkins

To insure packet completeness an **Applicant Checklist** is included.

## **City of Columbus Priority Statement for Workforce Development Programs**

The City of Columbus recognizes that funding for summer youth employment is vital to achieving a prepared workforce, healthy and productive youth, civic-minded young people, and safe neighborhoods. Therefore, the City will target youth workforce development funding to programs: that identify, serve and assist City of Columbus youth; that offer job placement, activities, training, and workforce development skills, such as workforce readiness skills, financial management skills, professionalism, conflict resolution in the workplace, and employer expectations; that provide direct assistance to individuals served; and that are able to quantify program outcomes and are able to measure the impact on the target population(s).

Specifically, priority will be awarded to programs that:

- Have existing work agreements for youth with employers;
- Have demonstrated success in training and placement of youth in workforce development activities;
- Have staffing capacity to serve 300-400 youth, ages 14-18;
- Program model should be research based;
- Have a measurable impact on the demonstrated need of the residents of the City; and,
- Address the principles and goals in the Columbus Covenant (attached).

Revised022406

## The Columbus Covenant

### Vision:

To be the best city in the nation in which to live, work, and raise a family.

### Mission:

To provide leadership that will inspire: high standards of excellence in the delivery of city services; a spirit of cooperation, pride and responsibility to achieve strong, safe and healthy neighborhoods; and, a shared economic prosperity and enhanced quality of life. We undertake this mission believing and knowing that we can make a difference for future generations.

### Principles of Progress:

- Prepare our city for the next generation
- Promote a diverse and vibrant economy that offers everyone an opportunity to share in our prosperity
- Deliver measurable, quality public services and results to our residents
- Advance our neighborhoods
- Challenge ourselves to realize our city's promise and potential

### Goals:

- **Customer Service:** provide quality and efficient service delivery to customers using “best practices”
- **Neighborhoods:** engage and promote strong, distinct, and vibrant neighborhoods
- **Safety:** enhance the delivery of safety services
- **Economic Development and Technology:** provide an atmosphere that promotes job creation and economic growth in existing and emerging industries
- **Education:** encourage and promote participation in learning opportunities
- **Downtown Development:** develop a vibrant and thriving downtown that is recognized as an asset for the region
- **Peak Performance:** invest in all city employees and develop systems that support a high-performing city government

## 1. Application Cover Page

**Applicant Agency/Organization Name:**

**Project/Program Name:**

**Agency/Program Director:**

**Mailing  
Address:**

**Telephone:**

**Fax:**

**E-Mail Address:**

*Signature of Agency Director:*

*Date:*

**Fiscal Agent Name:**

**Telephone:**

**Fax:**

**E-Mail Address:**

**Federal Tax ID Number:**

*Signature of Fiscal Agent:*

*Date:*

**Board Chair Name:**

*Signature of Board Chair:*

*Date:*

**Amount Requested:     \$**

Did applicant agency receive CDBG or General Fund award in 2005?

☐

**Yes**

☐

**No**

## 2. Program Description Summary *(Use only the space provided below)*

### 3. Agency Description

In the space below, provide a brief description of the applicant agency. Required information must include:

- Agency history, mission and purpose
- Track record and key accomplishments related to the project for which funds are requested
- **Attach** a current table of organization
- **Attach** a current list of the agency's board of trustees (include names, addresses, phone numbers, officers, affiliation/constituency represented, terms of office)
- **Attach** Agency financial audit from the past two years
- **Attach** Articles of Incorporation and By-Laws **if:** 1) This program was not funded by the City in 2004; or 2) Articles have changed since the most recent application to the City.

Failure to provide this information may cause the proposal to be determined non-responsive.

#### 4. Program/Project Description

Describe **the program/project** by describing the geographic area, the target population to be served, need and outcome by providing the following information in the spaces below. **(50 Points)**

##### A. Geographic Service Area

**Definition:** The geographic area where the program outcome will take place or from which program participants will be drawn. Be as specific as possible and identify geographic boundaries in the area if necessary. Examples of geographic service areas include: Franklin County, the City of Columbus or specific zip codes, census tracts or neighborhoods.

##### B. Program Target

**Definition:** "Who" will benefit from, or change as a result of, the program. This may be:

- Youth served through this grant must be City of Columbus residents, ages 14 -18.
- Should have a demonstrated financial need as evidence by free/reduced priced lunch program eligibility.
- Identify the total number of individuals that you plan to serve.

### C. Need for the Program

- Document conditions in the **geographic service area** and the characteristics of the **program target** that support the need for the program. Cite **recent data sources** that support the need assessment. These may include research reports, local plans, socio-economic data and/or data collected by the applicant organization.
- Identify **other providers of similar program services** for the program target in the community. Describe **gaps in existing services** that the program fills or will fill.

**D. Program Outcomes and Measurement**

On the table below, define the outcomes, performance benchmark and measurement techniques for the program, using the definitions provided. Please be clear and concise. **Each program must have at least one, but no more than three, outcome statements.** The outcome statements should match those on the activity tables in Section 5.

<b>Program Outcome Statement</b>  <i><b>Definition:</b></i> A one-sentence statement of how the condition, behavior, knowledge or attitude of the <b>program target will change</b> as a result of the program/project.	<b>Performance Benchmark</b>  <i><b>Definition:</b></i> The <b>number</b> of program targets that are projected <b>to achieve the outcome</b> during the grant period.	<b>Measurement</b>  <i><b>Definition:</b></i> The specific method or tool that will be used to <b>verify the number</b> of program targets that have achieved the outcome.



## 5. Program Activities and Outputs

Identify in the tables below the **specific program activities** that will be provided during the grant period to achieve each of the program **outcomes identified in Section 4-D**. *NOTE: Only one outcome statement is required. Additional outcomes are optional.* – (15 Points)

If applicable, include the amount and duration of the activity that will be provided (example: five, six-week training sessions). For each activity, identify the timeframe during which the activity will take place and the projected outputs.

Outcome #1:		
Activity Description (Include amount where applicable)	Timeframe (Beginning/ ending dates)	Outputs (Persons/households served, products or other units of service)

<b>Outcome #2:</b>		
<b>Activity Description</b> (Include amount where applicable)	<b>Timeframe</b> (Beginning/ ending dates)	<b>Outputs</b> (Persons/households served, products or other units of service)

<b>Outcome #3:</b>		
<b>Activity Description</b> (Include amount where applicable)	<b>Timeframe</b> (beginning/ ending dates)	<b>Outputs</b> (persons/households served, products or other units of service)

## 6. Evidence of Successful Implementation

**Describe the program design, evidence of linkage and organizational capacity. (15 Points)**

### **A. Program Design Justification**

In the space below, provide evidence that supports the program design as an effective way to address the identified needs and produce the outcomes for the program target. This may include:

- Model upon which program design is based
- Experience of the program provider/staff expertise
- Theory about how/why the program works
- Empirical data or evaluation results

### **B. Linkage of Activities to Program Outcomes**

In the space below, describe how the program activities and outputs will contribute to achieving the program outcomes.

**C. Organizational Capacity**

In the space below, describe the capacity of the applicant organization and collaborators to successfully implement the program. Capacity includes experience, expertise and staff and non-staff resources.

## 7. Collaboration

Complete **the table below** to identify collaborations with other organizations actively involved in implementing the project. The form of collaboration may include providing cash or in-kind support, staff, materials, space, referrals or other direct program support. – **15 Points**

- **Attach a current** letter of collaboration from each organization identified below. **Do not** include general letters of support. All letters must verify the collaborative relationship and be relevant to this grant application.

Collaborating Organization	Form of Collaboration	Current Letter Attached (Yes/No)

***Describe below the evaluation activities, to-date, for FY-2005 program:***

***Please attach copies of tool(s) used in the evaluation described above.***

## 8. Applicant Checklist

*Please submit only what is specifically required below. **Do not include** other attachments (general letters of support, newspaper articles, annual reports).*

*Complete and attach this checklist to your package.*

### **Application Components**

- ☐ Application Cover Page
- ☐ Agency Description
- ☐ Program/Project Description
- ☐ Program Activities and Outputs
- ☐ Evidence of Successful Implementation
- ☐ Collaboration
- ☐ Applicant Checklist

#### **Attach**

- ☐ Current letters of collaboration for all partner organizations
- ☐ Current table of organization
- ☐ Current roster of Board of Trustees (include names, addresses, phone numbers, officers, affiliation/constituency represented, terms of office)
- ☐ Articles of Incorporation and By-Laws
- ☐ IRS 501(c)(3) determination letter
- ☐ Budget forms

#### **Attach**

- ☐ Annual budget of the applicant organization
- ☐ Two most recent financial audits of the applicant organization



## 9. Budget

Agencies applying for funding should reference the established priorities so that the critical needs of the community are addressed and reflected in the proposed Budget. – **20 Points**

### Summary

Amount Requested: \$\_\_\_\_\_

Proposed Targets (individuals, units, other measure) to be served, enrolled or assisted: \_\_\_\_\_

Proposed Outcomes to be achieved: \_\_\_\_\_

Attach a Budget Narrative for expenses if necessary.

## EXPENSE BUDGET

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(Agency Name)

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(Project/Program)

From: June 1, 2006

(date)

To: August 31, 2006

(date)

	Total Program Costs To Agency	Proposed City Contract Costs
I. Salaries and Wages	<hr/>	<hr/>
II. Fringe Benefits	<hr/>	<hr/>
III. Consultants and Professional Services	<hr/>	<hr/>
IV. Travel Expenses	<hr/>	<hr/>
V. Space and Rental Costs	<hr/>	<hr/>
VI. Consumable Supplies	<hr/>	<hr/>
VII. Leased and Rented Equipment	<hr/>	<hr/>
VIII. Miscellaneous Expenses	<hr/>	<hr/>
TOTAL	<hr/>	<hr/>

Fiscal Contact Person: 

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Telephone Number: 

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Address: 

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E-mail address: 

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Federal ID Number: 

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# I. SALARIES AND WAGES

Staff Title or Position	Job Type*	Hourly Rate	Hours per Pay Period	Gross Wages Per Pay	# of Pay Periods	Total Agency Costs	Estimated Cost for This Program	Salary to be Funded by This Contract (Per Pay)	# of Pay Periods	Total to be Funded by This Contract
			X	=	X	=			X	=
			X	=	X	=			X	=
			X	=	X	=			X	=
			X	=	X	=			X	=
			X	=	X	=			X	=
			X	=	X	=			X	=
			X	=	X	=			X	=
			X	=	X	=			X	=
			X	=	X	=			X	=
			X	=	X	=			X	=
			X	=	X	=			X	=
Total Est. Cost for Program							\$0	Total Funded by this Contract		\$0

Admin. = Administrative Staff  
 Serv. = Direct Service Staff  
 PT = Part-Time/Intermittent Staff

NOTE: Please attach copies of basic credentials, job description, resumes and employee's name for each position.

## II. FRINGE BENEFITS

	Applicable Wages	% or Rate	Total Agency Costs	Cost Allocated to this Program	Costs to be Funded Under this Contract
FICA			\$0		
Workers' Compensation			\$0		
Unemployment Insurance			\$0		
Life Insurance			\$0		
Health Insurance			\$0		
Other (specify)			\$0		
Other (specify)			\$0		
			TOTAL	\$0	\$0

### III. CONSULTANTS AND PROFESSIONAL SERVICES

Consultant and/or Services Provided	Cost or Hourly Rate Per	Number of Pay Periods	Total Program Consultant Costs	Cost to be Funded by City Contract
TOTAL			\$0	\$0

NOTE: A copy of all subcontracts must be submitted to the City of Columbus.

### IV. TRAVEL EXPENSES

	Total Program Travel Costs	Travel Costs Funded by this Contract
Conference		
Registration Fees		
Out-of-Town Travel		
Other (Specify)		
TOTAL	\$0	\$0

NOTE: All travel and conference expenses must have prior written approval of the City of Columbus.

## V. SPACE AND RENTAL COSTS

	Total Agency Costs	Costs Allocated to this Program	Cost to be Funded by this Contract
<b>A. RENT</b>			
Space: _____ sq. ft. X \$ _____			
per Lease Holder or Mortgage holder			
Rate per Month _____			
<b>B. UTILITIES</b>			
Gas, Electric, Water & Sewage			
Telephone			
Other (Specify)			
_____			
_____			
Subtotal	\$0	\$0	\$0
<b>C. BUILDING MAINTENANCE</b>			
Trash Handling			
Other (Specify) Custodial			
_____			
Security			
Subtotal	\$0	\$0	\$0
<b>D. OTHER (Specify)</b>			
Insurance			
_____			
Subtotal	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
NOTE: No Capital Improvements Permitted			

## VI. CONSUMABLE SUPPLIES

Office			
Other (Specify)			
_____			
_____			
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

VII. LEASED AND RENTED EQUIPMENT

Description of Item and Model Number	Total Program Equipment Costs	Funded by this Contract
TOTAL	\$0	\$0

NOTE: If equipment expenses are proposed, please attach a narrative detailing the need for each piece of equipment.

VIII. MISCELLANEOUS EXPENSES

	Total Program Equipment Costs	Funded by this Contract
Photocopying		
Postage		
Printing		
Employment Ads		
Bank Charges		
Other (Specify)		
TOTAL	\$0	\$0

THIS PROPOSED BUDGET IS APPROVED BY:

\_\_\_\_\_  
Chief Executive of Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Executive of Board

\_\_\_\_\_  
Date

OTHER AGENCY FUNDING SOURCES  
(for this program only)

Agency Name:

Project/Program:

Project/Program Administrator:

(Name)

(Phone)

Name of Funding Source	Actual 2005	Projected 2006	From	To
Program Income	Actual 2005	Projected 2006		